

Developing and Implementing a Hub and Spoke Model of Research Delivery in Primary Care

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Agenda for today

Setting the Hub and Spoke Research Delivery Model in the context of the changing NHS primary care landscape

Developing and implementing the Hub and Spoke Model in primary care

Hints and tips for successful implementation

Primary Care Landscape

- The national landscape is changing
- GP practices are increasingly working in a more integrated way, in a variety of different models, to deliver clinical services to their patient populations
- Scaling up into larger organisations e.g. federations or networks to deliver a wider range of more coordinated services
- National GP workforce challenges

The Clinical Commissioning Group perspective

- Nottingham City CCG has 57 member GP practices, approx. 200 GPs and a registered population of 355 000
- All CCGs have a statutory duty to promote research which includes with their member GP practices
- 10 GP practices are funded through the NIHR CRN EM RSI scheme
- 29/57 practices (51%) took part in at least 1 NIHR portfolio study in 2015-16
- The CCG has actively promoted research in primary care over the past 3 years including funding research capacity and capability development initiatives
- But we wanted to do more!

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Why develop a Hub and Spoke Research Delivery Model?

- To support more GP practices to get involved in research
- To offer research opportunities to patients at practices with none or limited previous involvement in research
- To model research delivery on clinical service delivery model, research seen as 'business as usual'
- To offer a new model of primary care research for researchers
- To improve the efficiency of study delivery through the sharing of back office support, premises and clinical time

How does the model work?

- The CCG's most research experienced practices are the Hubs (must be in CRN RSI scheme and previously acted as a site)
- Minimum of 2 Spoke practices per Hub. Any practice can act as a Spoke. Hub and Spoke groupings in same locality so travel time for patients to the Hub practice is reasonable
- Model works best for clinical trials related to conditions managed in primary care e.g. asthma, diabetes
- Hub practice is the Research Site and Spoke practices are PICs
- Participants attend the Hub practice for consent, intervention and follow up

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Benefits for Hubs

- Provides a wider population of patients and provides an interesting new way of working and an additional income stream
- Providing opportunities to mentor and share knowledge and experience with their local practices
- Strengthens the primary care research infrastructure locally which will have a positive impact on the future expansion of research generally, hopefully attracting new studies

Benefits for Spokes

- More convenient for patients to travel to a neighbouring practice than a local hospital
- Allows more practices to be involved in research without having to take on responsibility and workload of being a site
- Provides mentoring by an experienced research practice who acts as point of contact with Sponsor, research team and CRN staff
- Can provide an opportunity to dip their toe into the research world, and maybe start on a path to becoming a research site

Hub Responsibilities

- Identify GP lead as PI
- Arrange meeting for all practices in the model to meet, discuss and sign Framework Agreement
- Act as point of contact with Sponsor, Study Teams and CRN. Manage information, communication, funding flows with Spokes
- Act as mentor to Spokes
- Intervention delivered at Hub
- Provide all study related care and follow up
- Ensure good communication with Spokes at all stages of study

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Spoke Responsibilities

- Identify practice lead (usually GP or PM)
- Attend the Framework Agreement meeting and sign Agreement
- Set up internal systems and processes and agreed communication method with Hub
- On a per study basis, identify and invite patients to take part
- Continue to provide general medical care to patients enrolled in studies
- Inform Hub of any adverse incidents during each study

Current status

- 5 Hubs each with between 2 – 4 Spokes have signed up, 20 in total
- Spokes include a range of practices from those with previous research experience, those who haven't engaged in research for a while, those who have only recently become 'Research Ready' or have no previous experience including practices in the most deprived areas of the city
- 6 of the 8 Care Delivery Groups (localities) engaged in the model
- In set up and waiting for first study to start. Asthma diagnosis in primary care RCT (Low NO study). Led by Dr Tim Harrison, a local Clinical Associate Professor in Respiratory Medicine

Hints and tips for successful implementation

- **Develop the model and ‘offer’ in collaboration with others**
Get key individuals on board:
 - CRN East of England Division 5 team – very generous in sharing their experience and framework agreement
 - CRN East Midlands Division 5 team
 - Local research experienced practices – input from a GP and Practice Manager – advice on what will work locally
 - CCG Corporate Medical Lead
 - CCG Assistant Director of Primary Care
- **A Framework Agreement is imperative**
 - Clearly sets out responsibilities of Hub and Spoke practices
 - Ensures robust governance arrangements
 - Provides confidence to all involved about who does what

Hints and tips for successful implementation

- **Funding to pump prime set up in practices**
 - £5k to Hubs and £1k to Spokes. Total of £40k funded through CCG's NIHR Research Capability Funding allocation
 - All practices required to sign a funding agreement with the CCG and take part in 2 studies in first year
 - Aim to be self funding after that
- **Utilise multiple communication strategies to advertise the model**
 - Joint emails to all practices from Corporate Medical Lead and myself to advertise the scheme
 - Visiting existing GP meetings to talk about and promote the model
 - Developing flyers to promote the model – keep the info succinct
 - Promoting the model through research active practices and CRN
 - Linking up practices as needed
 - A simple application process – Hub and Spoke groupings applied through a joint form submitted by Hub practice

Hints and tips for successful implementation

- **Needs to be more than a theoretical model**
 - CCG was awarded an NIHR RfPB grant in collaboration with Dr Tim Harrison – asthma diagnosis in primary care
 - Worked with Dr Harrison to ensure the study would fit the model and agreed it would be the first study to go through the model
 - But we need more studies for the future

- And finally

 - Still too soon to evaluate how it's gone but the CCG is very pleased at the level of interest and engagement with the model from primary care

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